

Foster Family Home - Corrective Action Report

Provider ID: 1-599582

Home Name: Sharon Gasmen, CNA

94-986 Kualua Place

Waipahu

HI 96797

Review ID: 1-599582-6

Reviewer: David Ayling

Begin Date: 3/1/2018

End Date: 3/1/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 3/1/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date